

FILED JAN 11 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **41698**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville</b>	
c. LENGTH OF STAY (In this place) <b>27 Years</b>		d. STREET ADDRESS (If rural, give location) <b>214 East Ste. Marie</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>214 East Ste. Marie</b>			

3. NAME OF DECEASED (Type or Print) <b>Appolonia Frances Bey</b>			4. DATE OF DEATH <b>December 3, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 23, 1885</b>		9. AGE (In years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Joseph Duerr</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Broeker</b>		14. NAME OF HUSBAND OR WIFE <b>Louis J. Bey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis J. Bey, Perryville, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b> <b>5 yrs.</b> <b>5 yrs.</b> <b>260X</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy - Cerebral</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension - Arteriosclerosis</b> DUE TO (c) <b>Diabetes Mellitus</b>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 19, 1950**, to **Dec 3, 1950**, that I last saw the deceased alive on **Dec 3, 1950**, and that death occurred at **1:23 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ch. Carron M.D.</b>	(Degree or title)	23b. ADDRESS <b>Perryville Mo</b>	23c. DATE SIGNED <b>12-6-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>December 6, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>

DATE REC'D BY LOCAL REG. <b>Dec 6-1950</b>	REGISTRAR'S SIGNATURE <b>Jose J. Zellmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert Bey</b>	ADDRESS <b>Perryville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 9 1951

DISTRICT HEALTH OFFICE No. (

File No. ....

JAN 11 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

working under my personal supervision.

Student Embalmer No. ....

Signed .....

*Albert Bey*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3886*

P. O. Address *Ferryville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.